

**DEPARTMENT OF THE TREASURY
SMALL, HUBZone SMALL, SMALL DISADVANTAGED, WOMEN-OWNED SMALL,
VETERAN-OWNED SMALL BUSINESS, & SERVICE DISABLED VETERAN OWNED
SMALL BUSINESS CONCERNS SUBCONTRACTING PLAN OUTLINE**

*The following outline meets the minimum requirements of Public Law 95-507 and the Federal Acquisition Regulation (FAR) Subparts 19.7. It is intended to be a guideline. It is not intended to replace any existing corporate plan that is more extensive. If assistance is needed to locate small business sources, contact the Director, Office of Small Business Programs (202) 622-0530 or the bureau Small Business Specialist, Jodie Paustian, (202) 283-1199. Please note that the Department of the Treasury has subcontracting goals of **41% for small business, 3% for HUBZone small business, 5% for small disadvantaged business, 5% for women-owned small business, and 3% for Service Disabled Veteran-Owned small business concerns for fiscal year 2003**. For this procurement, the Department of the Treasury expects all proposed subcontracting plans to contain the following goals, at a minimum, for small business 41%, for HUBZone small business concerns 3%, for small disadvantaged business concerns 5%, for women-owned small business concerns 5%, and for Service Disabled Veteran-Owned small business concerns 3%. Although there is no statutory goal for Veteran-Owned small business (VOSB) concerns, a VOSB goal must be proposed in accordance with FAR 19.7 and should represent the offeror's effort to provide the maximum practicable subcontracting opportunities for VOSBs. These percentages shall be expressed as percentages of the total available subcontracting dollars.*

Identification Data:

Company Name: _____

Address: _____

Date Prepared: _____

Solicitation Number: _____

Item/Service: _____

Place of Performance: _____

1. TYPE OF PLAN: (Check only one).

_____ **INDIVIDUAL PLAN:** *In this type of plan all elements are developed specifically for this contract and are applicable for the full term of this contract.*

_____ **MASTER PLAN:** *In this type of plan, goals are developed for this contract; all other elements are standard. The master plan must be approved every three (3) years. Once incorporated into a contract with specific goals, it is valid for the life of the contract.*

_____ **COMMERCIAL PLAN:** *This type of plan is used when the contractor sells products and services customarily used for non-government purposes. Plan/goals are negotiated with the initial agency on a company-wide basis rather than for individual contracts. The plan is effective only during year approved. The contractor must provide a copy of the initial agency approval, AND MUST SUBMIT AN ANNUAL SF 295 TO TREASURY WITH A BREAKOUT OF SUBCONTRACTING PRORATED FOR TREASURY (WITH A BUREAU BREAKDOWN, IF POSSIBLE).*

2. GOALS:

FAR 19.704(a)(1) requires separate dollar and percentage goals for using small business concerns, HUBZone small business concerns, small disadvantaged business concerns, women-owned small business, veteran-owned small business, and service disabled veteran-owned small business concerns as subcontractors for the base year and each option year. (Please note that the goals for HUBZone small business, small disadvantaged business, women-owned small business, veteran-owned small business, and service disabled veteran-owned small business concerns are sub-sets of the small business goal).

A. Estimated dollar value of all planned subcontracting, i.e., to all types of business concerns under this contract is:

FY	FY	FY	FY	FY
BASE	1 ST OPTION	2 ND OPTION	3 RD OPTION	4 TH OPTION **
\$	\$	\$	\$	\$

B. Estimated dollar value* and percentage of planned subcontracting to small business concerns is:

*(*This figure includes the amount in C., D., E., F., and G. below.)*

FY	FY	FY	FY	FY
BASE	1 ST OPTION	2 ND OPTION	3 RD OPTION	4 TH OPTION **
\$	\$	\$	\$	\$
%	%	%	%	%

C. Estimated dollar value and percentage of planned subcontracting to HUBZone small business concerns is:

FY	FY	FY	FY	FY
BASE	1 ST OPTION	2 ND OPTION	3 RD OPTION	4 TH OPTION **
\$	\$	\$	\$	\$
%	%	%	%	%

D. Estimated dollar value and percentage of planned subcontracting to small disadvantaged business concerns is:

FY	FY	FY	FY	FY
BASE	1 ST OPTION	2 ND OPTION	3 RD OPTION	4 TH OPTION **
\$	\$	\$	\$	\$
%	%	%	%	%

E. Estimated dollar value and percentage of planned subcontracting to small women-owned

business concerns is:

FY	FY	FY	FY	FY
BASE	1 ST OPTION	2 ND OPTION	3 RD OPTION	4 TH OPTION **
\$	\$	\$	\$	\$
%	%	%	%	%

F. Estimated dollar value and percentage of planned subcontracting to veteran-owned small business concerns is:

FY	FY	FY	FY	FY
BASE	1 ST OPTION	2 ND OPTION	3 RD OPTION	4 TH OPTION **
\$	\$	\$	\$	\$
%	%	%	%	%

G. Estimated dollar value and percentage of planned subcontracting to service disabled veteran-owned small business concerns is:

****IF ANY CONTRACT HAS MORE THAN FOUR OPTIONS, PLEASE ATTACH ADDITIONAL SHEETS SHOWING DOLLAR AMOUNTS AND PERCENTAGES.**

FY	FY	FY	FY	FY
BASE	1 ST OPTION	2 ND OPTION	3 RD OPTION	4 TH OPTION **
\$	\$	\$	\$	\$
%	%	%	%	%

H. Supplies and/or services to be subcontracted under this contract, business size (i.e., SB, HUBZone, SDB, WOB, VOSB, SDVOSB, and LB), and the estimated dollar expenditure, are: (Check all that apply).

SUPPLY/SERVICE	COMPANY NAME (IF NOWN)	BUSINESS SIZE SB/HUBZONE, SDB, WOB, VOSB, SDVOSB, LB	DOLLAR AMOUNT

(Attach additional sheets if necessary.)

I. Explain the methods used to develop the subcontracting goals for small, HUBZone small business, small disadvantaged, women-owned small business, veteran-owned small business, and service disabled veteran-owned small business concerns. Explain how the product and service areas to be subcontracted were established, how the areas to be subcontracted to small, HUBZone small business, small disadvantaged, women-owned small, veteran-owned small business, and service disabled veteran-owned small businesses were determined, and how the

capabilities of small, HUBZone small, small disadvantaged, women-owned small, veteran-owned and service disabled veteran-owned small businesses were determined. Identify all source lists used in the determination process.

J. Indirect and overhead costs ☐ HAVE BEEN ☐ HAVE NOT BEEN included in the dollar and percentage subcontracting goals stated above. (Check one.)

K. If indirect and overhead costs HAVE BEEN included, explain the method used to determine the proportionate share of such costs to be allocated as subcontracts to small, HUBZone small, small disadvantaged, women-owned small, veteran-owned, and service disabled veteran-owned small business concerns.

3. PLAN ADMINISTRATOR:

FAR 19.704(a)(7) requires information about the company employee who will administer the subcontracting program. Please provide the name, title, address, phone number, position within the corporate structure and the duties of that employee.

Name:

Title:

Address:

Telephone:

Fax:

E:mail Address:

Position:

Duties: Does the individual named above perform the following? (If NO is checked, please indicate who in the company performs those duties, or indicate why the duties are not performed in your company).

- A. Developing and promoting company/division policy statements that demonstrate the company's/division's support for awarding contracts and subcontracts to small, HUBZone small, small disadvantaged, women-owned small, veteran-owned, and service disabled veteran-owned small business concerns.
_____YES _____NO
- B. Developing and maintaining bidders' lists of small, HUBZone small, small disadvantaged, women-owned small, veteran-owned small, and service disabled veteran-owned small business concerns from all possible sources.
_____YES _____NO
- C. Ensuring periodic rotation of potential subcontractors on bidders' lists.
_____YES _____NO
- D. Assuring that small, HUBZone small, small disadvantaged, women-owned small, veteran-owned small, and service disabled veteran-owned small businesses are included on the bidders' list for every subcontract solicitation for products and services they are capable of providing.
_____YES _____NO
- E. Ensuring that subcontract procurement "packages" are designed to permit the maximum possible participation of small, HUBZone small, small disadvantaged, women-owned small, veteran-owned small, and service disabled veteran-owned small businesses.
_____YES _____NO
- F. Reviewing subcontract solicitations to remove statements, clauses, etc., which might tend to restrict or prohibit small, HUBZone small, small disadvantaged, women-owned small, veteran-owned small, and service disabled veteran-owned small business participation.
_____YES _____NO
- G. Ensuring that the subcontract bid proposal review board documents its reasons for not selecting any low bids submitted by small, HUBZone small, small disadvantaged, women-owned small, veteran-owned small, and service disabled veteran-owned small business concerns.
_____YES _____NO
- H. Overseeing the establishment and maintenance of contract and subcontract award records.
_____YES _____NO
- I. Attending or arranging for the attendance of company counselors at Business Opportunity Workshops, Minority Business Enterprise Seminars, Trade Fairs, etc.
_____YES _____NO

- J. Directly or indirectly counseling small, HUBZone small, small disadvantaged, women-owned small, veteran-owned small, and service disabled veteran-owned small business concerns on subcontracting opportunities and how to prepare responsive bids to the company.
_____ YES _____ NO
- K. Providing notice to subcontractors concerning penalties for misrepresentations of business status as small, HUBZone small, small disadvantaged, women-owned small, veteran-owned small, or service disabled veteran-owned small business for the purpose of obtaining a subcontract that is to be included as part or all of a goal contained in the contractor's subcontracting plan.
_____ YES _____ NO
- L. Conducting or arranging training for purchasing personnel regarding the intent and impact of Public Law 95-907 on purchasing procedures.
_____ YES _____ NO
- M. Developing and maintaining an incentive program for buyers which supports the subcontracting program.
_____ YES _____ NO
- N. Monitoring the company's performance and making any adjustments necessary to achieve the subcontract plan goals.
_____ YES _____ NO
- O. Preparing and submitting timely reports.
_____ YES _____ NO
- P. Coordinating the company's activities during compliance reviews by Federal agencies.
_____ YES _____ NO

4. EQUITABLE OPPORTUNITY

FAR 19.704(a)(8) requires a description of the efforts your company will make to ensure that small, HUBZone small, small disadvantaged, women-owned small, veteran-owned small, and service disabled veteran-owned small business concerns will have an equitable opportunity to compete for subcontracts. (Check all that apply.)

A. Outreach efforts to obtain sources:

- ___ Contacting minority and small business trade associations
___ Contacting business development organizations
___ Attending small and minority business procurement conferences and trade fairs
___ Finding sources from the Small Business Administration's Procurement Network (Pro-Net)

B. Internal efforts to guide and encourage purchasing personnel:

- ☐ Presenting workshops, seminars and training programs
- ☐ Establishing, maintaining and using small, HUBZone small, small disadvantaged, women-owned small, veteran-owned small, and service disabled veteran-owned small business source lists, guides and other data for soliciting subcontracts
- ☐ Monitoring activities to evaluate compliance with the subcontracting plan

C. Additional efforts: (Please describe.)

5. CLAUSE INCLUSION AND FLOW DOWN

FAR 19.704(a)(9) requires that your company include FAR 52.219-8, "Utilization of Small Business Concerns", in all subcontracts that offer further subcontracting opportunities. Your company must require all subcontractors, except small business concerns, that receive subcontracts in excess of \$500,000 (\$1,000,000 for construction) to adopt and comply with a plan similar to the plan required by FAR 52.219-9, "Small Business Subcontracting Plan."

Your company agrees that the clause will be included and that the plans will be reviewed against the minimum requirements for such plans. The acceptability of percentage goals for small, HUBZone small, small disadvantaged, women-owned small, veteran-owned small, and service disabled veteran-owned small business concerns must be determined on a case-by-case basis depending on the supplies and services involved, the availability of potential small, HUBZone small, small disadvantaged, women-owned small, veteran-owned small, and service disabled veteran-owned small business subcontractors and prior experience. Once the plans are negotiated, approved, and implemented, the plans must be monitored through the submission of periodic reports, including Standard Form (SF) 294 and SF 295 reports.

6. REPORTING AND COOPERATION

FAR 19.704(a)(10) requires that your company (1) cooperate in any studies or surveys as may be required, (2) submit periodic reports which show compliance with the subcontracting plan; (3) submit Standard Form (SF) 294, "Subcontracting Report for Individual Contracts," and SF 295, "Summary Subcontract Report," in accordance with the instructions on the forms; and (4) ensure that subcontractors agree to submit SF 294 and SF 295. The cognizant contracting officer of the Treasury bureau must receive the report(s) within 30 days after the close of each calendar period. That is:

<u>Calendar Period</u>	<u>Report Due</u>	<u>Date Due</u>	<u>Send Report To</u>
10/01--03/31	SF 294	04/30	Bureau Contracting Officer
04/01--09/30	SF 294	10/30	Bureau Contracting Officer
10/01--09/30	SF 295	10/30	Bureau Contracting Officer

NOTE: A copy of the 295 report must also be sent to the Director, Office of Small Business Development, Department of the Treasury. The address is as follows:

Department of the Treasury
Attn: Director, Office of Small Business Development
1500 Pennsylvania Avenue, N.W.
(Attn: 1310 G/400 West)
Washington, DC 20220

7. RECORDKEEPING

FAR 19.704(a)(11) requires a list of the types of records your company will maintain to demonstrate the procedures adopted to comply with the requirements and goals in the subcontracting plan. (Check all that apply.) (If NO is checked, please indicate why these types of records are not maintained).

- A. Small, HUBZone small, small disadvantaged, women-owned small, veteran-owned small, and service disabled veteran-owned small business concern source lists, guides, and other data identifying such vendors.
_____ YES _____ NO
- B. Organizations contacted for small, HUBZone small, small disadvantaged, women-owned small, veteran-owned small, and service disabled veteran-owned small business sources.
_____ YES _____ NO
- C. On a contract-by-contract basis, records on all subcontract solicitations over \$100,000 which indicate for each solicitation (1) whether small business concerns were solicited, and if not, why not; (2) whether HUBZone small business concerns were solicited, and if not, why not; (3) whether small disadvantaged business concerns were solicited, and if not, why not; (4) whether women-owned small business concerns were solicited, and if not, why not; (5) whether veteran-owned small business concerns were solicited, and if not, why not; (6) whether service disabled veteran-owned small businesses were solicited, and if not, why not; and (7) reasons for the failure of solicited small, HUBZone small, small disadvantaged, women-owned small, veteran-owned small, and service disabled veteran-owned small business concerns to receive the subcontract award.
_____ YES _____ NO
- D. Records to support other outreach efforts, e.g., contacts with minority and small business trade associations, attendance at small and minority business procurement conference and trade fairs.
_____ YES _____ NO
- E. Records to support internal activities to (1) guide and encourage purchasing personnel, e.g., workshops, seminars, training programs, incentive awards; and (2) monitor activities to evaluate compliance.
_____ YES _____ NO

TIRNO-03-H-0001

CONTRACT ATTACHMENT 9
Page 9 of 10

- F. On a contract-by-contract basis, records to support subcontract award data including the name, address and business size and ownership status (HUBZone, SDB, WOB, VOSB,

SDVOSB, etc.) of each subcontractor. (This item is not required for company or division-wide commercial plans.)

_____ YES _____ NO

- G. Other records to support your compliance with the subcontracting plan: (Please describe)

8. TIMELY PAYMENTS TO SUBCONTRACTORS

FAR 19.702 requires your company to establish and use procedures to ensure the timely payment of amounts due pursuant to the terms of your subcontracts with small business concerns, HUBZone small business concerns, small disadvantaged business concerns, women-owned small business concerns, veteran-owned small business concerns, and service disabled veteran-owned small business concerns.

Your company has established and uses such procedures:

_____ YES _____ NO

9. DESCRIPTION OF GOOD FAITH EFFORT

*Maximum practicable utilization of small, HUBZone small, small disadvantaged women-owned small, veteran-owned small, and service disabled veteran-owned small business concerns as subcontractors in Government contracts is a matter of national interest with both social and economic benefits. When a contractor fails to make a good faith effort to comply with a subcontracting plan, these objectives are not achieved, and 15 U.S.C. 637(d)(4)(F) directs that liquidated damages shall be paid by the contractor. In order to demonstrate your compliance with a good faith effort to achieve the small, HUBZone small, small disadvantaged, women-owned small, veteran-owned small, and service disabled veteran-owned small business subcontracting goals, **outline the steps your company plans to take.** These steps will be negotiated with the contracting officer prior to approval of the plan.*

10. SIGNATURES REQUIRED

This subcontracting plan was SUBMITTED by:

Signature: _____
Typed Name: _____
Title: _____
Date: _____

This subcontracting plan was REVIEWED by:

Signature: _____
Typed Name: _____
Title: Contracting Officer
Date: _____

This subcontracting plan was REVIEWED by:

Signature: _____
Typed Name: _____
Title: Small Business Specialist
Date: _____

This subcontracting plan was REVIEWED by:

Signature: _____
Typed Name: _____
Title: Small Business Administration Representative
Date: _____

This subcontracting plan was APPROVED by:

Signature: _____
Typed Name: _____
Title: Director, Office of Small Business Programs (or designee)
Date: _____

This subcontracting plan was ACCEPTED by:

Signature: _____
Typed Name: _____
Title: Contracting Officer
Date: _____